



**RECOMMENDATION REQUEST**  
**Pharmacy Residency Program**  
**Bay Pines VAHCS**

**To be completed by applicant:**

Name of Applicant: \_\_\_\_\_  
First Name MI Last Name  
\_\_\_\_\_  
Phone E-mail

I waive the right to review this recommendation. \_\_\_\_\_  
Electronic initials signify signature of residency applicant

Applicants to the residency program specified above are required to have recommendations submitted by persons who are in a position to evaluate their qualifications for residency training. The recommender is asked to make a frank appraisal of the applicant's character, personality, abilities, and suitability for a pharmacy residency. **All comments and information provided will be kept in strictest confidence.**

**Recommender to complete the following:**

I have known the applicant for approximately \_\_\_\_\_ months/years.

My relationship to the applicant was (or is) in the following capacity:

☐ Faculty advisor    ☐ Clerkship preceptor    ☐ Other faculty relationship    ☐ Other \_\_\_\_\_

I have know him/her:    ☐ Very well    ☐ Fairly well    ☐ Only casually

Relative to persons of **similar background, training, and professional interests**, how would you rate this applicant for each of the following characteristics? Place an X under the rating column which best describes the applicant.

Characteristics Evaluated	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No Basis
Academic ability					
Quality of work					
Written communication skills					
Leadership skills					
Oral communication skills					
Industriousness and perseverance					
Initiative and motivation					
Assertiveness					
Cooperativeness					
Ability to organize and manage time					
Ability to work with supervisors					
Ability to work with peers					
Ability to work with patients					
Dependability					
Resourcefulness and originality					
Acceptance of constructive criticism					
Appearance and professional demeanor					
Commitment to professional practice					
Emotional stability and maturity					
Enthusiasm					
Integrity					
Research skills					

Does the applicant possess any special assets which should be noted?

Does the applicant demonstrate any weakness which you feel would hinder his/her ability to perform effectively in a residency program?

Other comments:

Recommendation concerning admission (check one):

- |   |   |
|---|---|
| <input type="checkbox"/> I highly recommend this applicant. | <input type="checkbox"/> I recommend this applicant, but with some reservation. |
| <input type="checkbox"/> I recommend this applicant.        | <input type="checkbox"/> I am not able to recommend this applicant.             |

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Name

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Title and Affiliation

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Street Address or P.O. Box

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City

State

Zip

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Telephone Number

**Please complete and email this form by January 5<sup>th</sup> to:**

Carolyn Stephens, Pharm.D.  
Residency and Education Coordinator  
Bay Pines VAHCS

Carolyn.stephens@va.gov